

#### CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in link and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 8, 23.11	· 10.23-2011
1. Committee I.D. Number /37956	Moceri Caroly	me M.I. N P
2. Committee Name Friends of Carolyn Kurkowski Moceri	la. Office Sought Including District # or Community So	erved (IT applicable) :
	b. County of Residence Macomb	
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address	3₹°° = =
8634 Eana Warren, MI. 48093	Same	OCT 28
Area Code and Phone 580 573 2479  If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone	ED SAPAUG SAPAUG SAPAUG SAPAUG
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Ad Designated Record keeper)	dress (lishe committee has a
One City Square Sutte 200 Warren, M.I. 48093-		a .
Area Code and Phone 586 -574.4539	Area Code and Phone	
9. TYPE OF STATEMENT		
9a. Pre-Election OR 9b. Post	Section 9c. Annual Statement (	Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign or 9e to indicate which State	Statement (Complete Item 9a, 9b, 9c tement is being amended)
Primary Ger	gal 9e. Dissolution of Candidate C	ommittee
Convention	Effective Date of	of Dissolution
Special Cau	By checking this item, f\We certify to outstanding debts, including late fill	hat the committee has no assets or ing fees. Further, I/We request that if
Date of Election, Convention or Caucus  // / 8 / //	the dissolution cannot be granted, the Reporting Walver.  Note: The disposition of residual fur 1B and the Summary Page.	that this be considered a request for nds must be reported on Schedule
A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expe If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, to	rired Campaign Statements. The Campaign Stateme litures, and outstanding debts count against the \$1,00 I since the information was shown on the committee's a Campaign Statement. If a request for a Reporting t campaign statement cannot be waived.	nts must include all applicable 00 Reporting Walver threshold. Statement of Organization, an Walver is not received on or
10. Verification: I/We certify that all reasonable diligence was used my/our knowledge and belief the contents are true, accurate and co		
Current Treasurer or Carolyn Kurkowski Mod Designated Record keeper	Carlo Kukowsk Morai	Oct 23 sall
Type or Print Name	Signature	Date OJ, GOT
Candidate Carolyn Kurkowski Moceri	1 1	Date Oct 33.2011
Type or Print Name	Śignature	

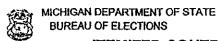


SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number <u>/37956</u>

2. committee Name of Carolyn Kurkowski Moceri

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2/95.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>/00,00</u>	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <del>2</del> , 295.00	(20.)\$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1 231.21</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ • (8c.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	• (8c) \$ <u>327,36</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,5.58.57</u>	(23.)\$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	·	
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Uniternized (less than \$50.01 each - no Schedule)	401.20	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.)\$	
DEBTS AND OBLIGATIONS	(11.) \$	(24.)\$
12. Debts and Obligations	Þ	
a. Owed by the Committee (Schedule 1E)	(12a.)\$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
	· .	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2,4/6.66</u>	4
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+\$ <u>2,295.00</u>	
` '	(15.) = \$	· ·
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.)- \$ <u>1,558.57</u>	:
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$ <u>3.153.09</u> .	4
(Subtract line 16 from line 15)		



Page\_\_\_

#### **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number <u>13795</u>6 2. Committee Name Carolyn Kurkowski Moceri

Enter contributor's nammiddle initial. Check be Committee (PAC) Repo	ox to indicate if conf	tribution is from a Politi	individual, er ical Committ	nter last name, first nar ee or an Independent	ime,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address:  Judy 13  22332 C  COATTEN  5. If over \$100.00 cum	man 480	<b>-</b> Z 9/	te of Receipt	9.21.11		. 50.00	\$
	and of bloads bic					Click Here fo	r Memo Itemization
Business Address	······································		1				
Type of Contribution:	Direct	Loan from a perso	on X	Fund Raiser	_		
3. Contribution #2 Name & Address	PAC Receipt?		e of Receipt	9.22.11	<del></del>		
Mary K	. MI, 48			*		\$ /OO,OO	\$Memo Itemization
Occupation		Employer	<u></u>				
Business Address							
Type of Contribution:	Direct	Loan from a perso	n 🛛	Fund Raiser	_		
She(by 5. If over \$100.00 cum	PAC Receipt?  Maccarc  Basi Lisc  Tup: 4  ulative, please pro	one to Chase -8315 vide:	te of Receip	1 <u>9.22.11</u>		\$_50.00 Click Here for	\$ /OO.OO  Memo Itemization
Business Address Type of Contribution:	Direct	Loan from a perso	<u>, N</u>	Chad Dalas	••		
3. Contribution #4	PAC Receipt?		ate of Receip	Pend Raiser	1/		
	hird f t walnu		•			<u> 120.00</u>	\$
5. If over \$100.00 cum	ulative, please pro	ovide:				Click Here for	Memo Itemization
Occupation		_ Employer	<u></u>	· · · · · · · · · · · · · · · · · · ·	<del></del>		•
Business Address							
Type of Contribution:	Direct	Loan from a perso	on 💢	Fund Raiser			
Pageof				Page Sund Total of All Schedukete on last page of Sche	les 1A nedule)	320,00 Benter this total on line 3a of Summary Page.	

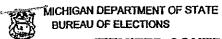


#### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

#### **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

1. Committee I.D. Number	137956		
Object	Level Deschi	$\infty$	,

	ANDIDATE	COMMITTEE		2. Committee Name 410	41 mur now	SKI IIJOCETI
Enter contributor's nam middle initial. Check be Committee (PAC) Repo	x to indicate if cont	ribution is from a Politic		nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1     Name & Address:	PAC Receipt?	YES 4. Date	of Receip	9,26,11		
Thomas 30702 Fr Warren	Tonzpor reda m= 480	93			s 100.00	<b>s</b> • • • •
5. If over \$100.00 cum					<del></del>	
Occupation Ret	Δ*	Employer			Click Here fo	r Memo Itemization
Business Address			,			
Type of Contribution:	Direct	Loan from a persor	, KI	Fund Raiser		
3. Contribution #2 Name & Address  Ohio Ax	PAC Receipt?	YES 4. Date	of Receip	9.28.11		
21 Kerch	eval Ave		J36		<u>\$ 50.00</u>	<u>, 100,00</u>
5. If over \$100.00 cum		•	- 2/2		Click Here fo	r Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #3 Name & Address:  Ruth 27646  Warren  5. If over \$100.00 cum  Occupation Depty  Business Address On  Type of Contribution:	Treasurer Cyy So	8093 vide: Employer Critc	of w	Carres  Fund Raiser	\$ 50, 00 Click Here for	\$ /50,00 Memo Itemization
3. Contribution #4	PAC Receipt?	والمساور المسا	يتيا	pt /0 · 3 · [/	<u> </u>	<u></u>
Name & Address Comerto	ca-Pac 75000 MI. 480	7 7	o ar rione	F 101311	Slick Here for	\$* Memo Itemization
Occupation		_ Employer			OHOR FIGURE IOI	MOTIO ROTHINGUOLI
Business Address						:
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Pageof				Page Subtotal nd Total of All Schedules 1A ete on last page of Schedule)	720,00 Enter this total on line 3a of Summary Page.	



#### CANDIDATE COMMITTEE

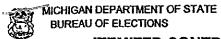
1. Committee I.D. Number 137956	
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Enter contributor's nam middle initial. Check be Committee (PAC) Repo	x to indicate if conf	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)				
Warren	PAC Receipt? Clay K Edna 7, MI, 4	8093	4. Date of	Receipt	10.3.11	50.00	\$ 100.00
5. If over \$100.00 cum	ulative, please pro	vide:				Click Here f	or Memo Itemization
Occupation		_ Employer			· · · · · · · · · · · · · · · · · · ·		
Business Address	1			K 7			
Type of Contribution:	Direct	Loan fro	m a person	X	Fund Raiser		
3. Contribution #2 Name & Address DOTIS CO 20813 AI UCUTTEN,	bance	)Al	4. Date of	receipt	10,4.11	<u>, 50.00</u>	: 120.00
5. If over \$100.00 cum	ulative, piease pro	vide:			•	Click Here for	or Memo Itemization
Occupation Kety	red	_ Employer		<del></del>	<del></del>		
Business Address		·					
Type of Contribution:	Direct	Loan from	m a person	X	Fund Raiser		
5. If over \$190.90 cum  Occupation <u>Retry</u> Business Address	MI. 4  MI. 4  ulative, please pro	8093 ovide: _ Employer		f Receip	10.3.11	\$ 50,00 Click Here fo	s /20.00
Type of Contribution:	Direct	Loan fro	m a person	<u>Kl</u>	Fund Raiser		
3. Contribution #4 Name & Address  Flunting of Soi wes Troy M  5. If over \$100.00 cum	T BK BE	10C, Paver 84		of Recei	* 10 . 4. 11	\$ <u>IOO, OK</u> Click Here fo	r Memo Itemization
Business Address				<u>x-4</u>			
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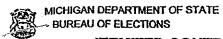
#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number	3745G	
2. Committee Name Graun	Kurkowski	Moceri

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle traital. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.						6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt?	YES	4. Date of F	Receipt	10.4.11		
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usiness Address							
Type of Contribution:	Direct	Loan from	n a person	$\square$	Fund Raiser		
. Contribution #2 ame & Address	PAC Receipt?	YES	4. Date of F		10.4.11		
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Sterling	i Heights	me	48310			\$ 100.CB	\$
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Occupation		Employer		<del></del>			
usiness Address							
ype of Contribution:	Direct	Loan from	n a person	M	Fund Raiser		
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Centerl	ine mi	-,48015	5 .			OU 1 11 6	
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Rusiness Address							
Type of Contribution:	Direct	Loan from	n a person	M	Fund Raiser		
Contribution # 4 Iame & Address	PAC Receipt?	YES			10.17.2011		
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Warren	, MI.4	2007	•			\$ 200,00	\$
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Occupation		_ Employ	rer			Click Here to	r Memo Itemization
Business Address		, -,	-		-		
Type of Contribution:	Direct	Loan from	m a person	M	Fund Raiser		
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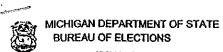
1. Committee I.D. Number	_	379	56			
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C,	ANDIDATE (	CMMIT	TEE	2. Committee Name 410	yyn Kurkou	iski Moceri
Enter contributor's nam middle Initial. Check be Committee (PAC) Repo	ox to indicate if cont	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)			
3. Contribution #1 Name & Address:  JOC Debr 3519 Dal	PAC Receipt?	YES	4. Date of Receip	ot 10, 4 11	**************************************	
Warren	MI. 480	91			s 25,00	<b>\$</b> _
5. If over \$100.00 cum						
Occupation		_ Employer	·		Click Here to	or Memo Itemization
Business Address				<u></u>		
Type of Contribution:	Direct	Loan fro	m a person	Fund Raiser		
3. Contribution #2 Name & Address  Kathy 1 11214	PAC Receipt?		4. Date of Receip	<u> 10.4.11</u>	: 150.00	) \$
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Occupation Law Business Address	per	Employer S	Self-emp inton Tu maperson [	Ployed  Pund Raiser	Circk riere id	r Memo Itemization
3. Contribution #3 Name & Address  CINTISTIN  3070  W G  5. If over \$100.00 cum	PAC Receipt?  E TOM PO  DO Fredo  Y'EN M  ulative, please pro	I		pt <u>9,30,//</u>	\$ /00,00 Click Here for	\$ Memo Itemization
Occupation		Employer	····			
Business Address Type of Contribution:		Loan fro	m a person	Fund Raiser		
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Business Address Type of Contribution:	Direct	Loan fro	m a person	Fund Raiser		
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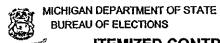
1. Committee I.D. Number		379	56	 	
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<del>-</del>	ANDIDATE		2. Committee Name (1)	rolyn Kut Kou	uski Moceri
Enter contributor's nammiddle initial. Check be Committee (PAC) Repr	ox to indicate if contr ort <u>all</u> contributions r	ibution is from a Political Con egardless of amount.	al, enter last name, first name, nmittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
5. If over \$100.00 cum Occupation Business Address Type of Contribution:  5. Contribution #2 lame & Address Joel Van Tagaryen  5. If over \$100.00 cum	Direct  PAC Receipt?  AYIAN  MIL 14	8309 vide: Employer  Loan from a person  YES 4. Date of Rec	Fund Raiser	<u>\$ 50.60</u>	\$ssor Memo Itemization
Susiness Address  Type of Contribution:	Direct PAC Receipt?	Loan from a person	Fund Raiser		
lama & Addrage	for Resident Tro Dwnship	ponsible Go 111 148316	10 7 11	\$ 100 .(i)	\$ Memo Itemization
Occupation Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Contribution #4 lame & Address  Patrick 11408 + Warre  i. If over \$100.00 cum  Occupation  Business Address  Type of Contribution:	PAC Receipt?  C Kensic  Hanover  n, MI, L  ulative, please prov	18093	· · · · · · · · · · · · · · · · · · ·	\$ 50,00 Click Here for	\$Memo Itemization
		, (	Page Subtotal Grand Total of All Schedules 1A	500.00	

(Complete on last page of Schedule)

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Page \_\_\_\_\_ of \_\_\_\_

#### **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

#### **CANDIDATE COMMITTEE**

1. Committee I.D. Number $137$	956	
Friends of Carolun	Kurkowski	Moceri

•							
Enter contributor's nam middle Initial. Check bo Committee (PAC) Repo	ox to indicate if con	tribution is fron	n a Political C		nter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address:  GOYY AI  28135  POSCULLE  5. If over \$100.00 cum	ulative, please pr	NO cik the 8066 ovide:	4. Date of	Receipt	10.7.11	\$ /00,66	\$or Memo Itemization
Occupation	<del></del>	Employer			· · · · · · · · · · · · · · · · · · ·		
Business Address		<del></del>	<del> </del>		<del> </del>		
Type of Contribution:	Direct	Loan from	n a person	Ň	Fund Raiser		
l. Contribution #2 lame & Address	PAC Receipt?	YES	4. Date of I	Receipt			
						\$	. \$
5. If over \$100.00 cum	ulative, please pro	ovide:				Click Here fo	or Memo Itemization
Occupation		Employer	·				
Business Address		-					
Type of Contribution:	Direct	Loan from	n a person	$\Box$	Fund Raiser		
3. Contribution #3 Name & Address:	PAC Receipt?	YES	4. Date of	Receip	t	_	
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Occupation		_ Employer_					
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Contribution #4 lame & Address	PAC Receipt?	YES	4. Date of	f Recei	pt	-	
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Business Address					•		
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Page.



3. Name & Address From Whom Received

Receipt #1

Receipt #2 Name & Address:

Receipt #3 Name & Address;

Receipt #4 Name & Address:

Receipt #5 Name & Address:

Receipt #6 Name & Address:

Receipt #7

Name & Address:

Name & Address:

## ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

#### **CANDIDATE COMMITTEE**

4. Date of Receipt

Fund Raiser
Date of Receipt

**Fund Raiser** 

Fund Raiser

Fund Raiser

**Fund Raiser** 

Fund Raiser

**Fund Raiser** 

Date of Receipt

Date of Receipt

Date of Receipt

Date of Receipt

**Date of Receipt** 

Date of Receipt 9, 24

	1.0	70 -
1. C	ommittee I.D. Number 3	
2. C	riends ommittee Name of Caro	lyn Kurkowski Moceri
	5. Type of Receipt	6. Amount
11	Loan from a Lending Ins	stitution • 120 00
	Interest	\$ <u></u>
	Refund \Rebate	Click for Memo Itemization Type
	Other (Specify)	
<del></del>	Loan from a Lending In:	stitution
	Interest	\$
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	Interest	\$
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Enter this total on line 4 of Summary Page

Grand Total of All Schedules 1A -1

Page\_\_\_\_\_ of \_\_\_\_



# SCHEDULE 1B CANDIDATE COMMITTEE

2. Committee Name Grolyn Kurkowski Mocerl CANDIDATE COMMITTEE 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) Expenditure #1 Name Office Max 26475 Hoover Warren MI. 48089 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name Postmaster Address warren Post office Warren, MI. 48092 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Superior Mail & Print 27955 College Park Address Warren, MI. 48088 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #4 Name Name Gazebo Address 31104 Mound Rd Warren, MI. 48092 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Warren Symphony Orchestra Name 10.19.11 \$160,00 Address Warren MI 4805) Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous **Fund Raiser** statement

Subtotal this page

Grand Total of all Schedules 1B (Complete on last page of Schedule)

1,120,21

Enter this total on line 8a of Summary Page

Page \_\_\_\_ of \_\_\_\_



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	137956	
Friends 2. Committee Name of	Carolun KurKowski	Moceri

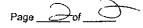
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name Russell's Address Macomb Community College Damite Road Warren, m.I. 48097	Purpose: BO	Date \$ 105.00
Warren mI .4809 d	Check box if this expenditure is payment of	-
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2		
Name	Divinosor	Date \$
Address	Purpose:	
	Click H	lere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	ė .
Expenditure #3		
Name		•
Address	Purpose:	Date
	, Click H	lere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4	,	
Name		\$
Address	Purpose:	
••	<b>!</b>	lere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5		·-
Name		
Address	Purpose:	Date \$ 1
Fund Raiser	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	iere for Memo Itemization Type
	Subto	tal this page 105 00

Constant and page

Grand Total of all Schedules 1B (Complete on last page of Schedule)

Forter this total

Enter this total on line 8a of Summary Page





#### MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

### DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 137956

2. Committee Name Friends of Carolyn Kurkowski Moceri

CANDID	ATE	COM	MIT	TE	E
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CANDIDATE COMMITTEE				
This Schedule Itemizes:	munithee OR b. DD	ebts and obligations owed <u>to</u>	or forgiven by the	committee.
a. Debts and obligations owed by or forgiven the co	k either a or b. Use only for the pu	rpose checked.)		
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
guarantors, if any.  Debt #1 Corp? DYes  Owed to or by:  Anthony Moceri  8634 Ana Dr.  Warren, MI 48093	4. Type: LOQN  Code LO  5. Date Debt Was locurred: 7.11-07  6. Original Amount of Debt: \$ 1,800,00	1 1 S 1 1 S 1 1 S 1 1 S	\$	s/, 800,00   FORGIVEN
If bank loan, name of endorser or guarantor.	Territoria de la companya della companya della companya de la companya della comp		1	
Debt#2 corp? Dyes Owed to or by:  Anthony Moceri 8634 Edna Warren, Michigan 48093	4. Type: LOAN  Code (L)  5. Date Debt Was Incurred: 7.36.07  6. Original Amount of Debt: \$ 4,000,00		\$5,800,00	4,000,00 □ FORGIVEN
If bank loan, name of endorser or guarantor.			Amount Endorsed:	5
Debt#3 Corp? [] Yes Owed to or by:  Anthony Moceri 8634 Edna Drive Warren M.E. 48093	4. Type: LOQ1) Code LO  5. Date Debt Was Incurred: 7 - 30.07 6. Original Amount of Debt: \$ \$250.00		6,050,00	250.00
If bank loan, name of endorser or guarantor.			Amount Endorsed:	\$
		Page Subtotal (C	outstanding debt)	6 050,00
	mplete on last page of Schedule sh	Grand Total of	all Schedules 1E	6,050,00

Enter this total on line 12a "owed by"" or

line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page of 3 Authority granted under P.A. 388 of 1976

CFR REV 7/1999c-1e



#### MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

#### **DEBTS AND OBLIGATIONS** SCHEDULE 1E

1. Committee I.D. Number 13'1956
2. Committee Name Friends of Cardyn Kurkowski Moceri

CANDIDAT	E CO	MMIT	TEE
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This Schedule Itemizes:			·	·
a. Debts and obligations owed by or forgiven the co	ommittee OR b. $\Box$ c is either a or b. Use only for the pu	Debts and obligations owed	to or forgiven by th	e committee.
3. Name and Mailing Address of person, vendor or financial Institution to whom debt is owed.  Check box to Indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	.7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Oulstanding Balance at close of this period (Item 6 minus Hem 8)
Debt#1 Corp? [] Yes Owed to or by:  Anthony Mocer;  8634 Edna Dr.  Warren, M.L. 48093  If bank loan, name of endorser or quarantor:	4. Type: LOAN  Code LO  5. Date Debt Was Incurred: 10:19:07 6. Original Amount of Debt: \$ 500.00	/ / \$  // S  // S  // S  // S	S	s <u>500, 00</u>
			The state of the s	<del></del>
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: LOCIN  Code LO			
Anthony Moceri 8634 Edna Dr. Warren, MI, 48093.	5. Date Debt Was Incurred: [0,7,07] 6. Original Amount of Debt:	<u> </u>	\$	2,000,00
auten, 114, 48043.	60,000,68	1 1 5		FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed:	\$
Debt #3 Corp? D Yes Owed to or by:	4. Type: LOQN Code LO	1 1 5		
Anthony Moceri 8634 Edna Dr Warren MI 48093	5. Date Debt Was Incurred: /() , つ ( の) 6. Original Amount of Debt:			3,000.00
Will 1811, 11 12, 48093	\$ 3,000.00			☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed:	c
Land to the second seco		Pana Cubtatul (A		₩ <del>  </del>

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a

#### PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

"owed by"" or line 12b "owed to" of the Summary Page

Page 2 of 3 Authority granted under P.A. 388 of 1976

CFR REV 7/1999c-1e



## MICHIGAN DEPARTMENT OF STATE Bureau of Elections

## DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 137956 2. Committee Name Frenchs of Carolyn Kurkowski Maceri

CANDIDATE COMMITTEE

This Schedule itemizes:		-			
a. Debts and obligations of		ommittee OR b. [] [ ck either a or b. Use only for the pu	Debts and obligations owed prose checked.)	to or forgiven by the	ne committee.
<ol> <li>Name and Mailing Address of financial institution to whom del Check box to indicate whether incorporated business. If debti provide information regarding the guarantors, if any.</li> </ol>	of person, vendor or o	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Qutstanding Balance at. close of this period (Item 6 minus Item 8)
Debt#1 Owed to or by:  Anthony Mod 834 Edna Warren, MI.		4. Type: LOQI)  Code LO  5. Date Debt Was Incurred:  10.00 OD  6. Original Amount of Debt:  \$ 3 000,00	/ / \$ _/ / \$ _/ / \$ _/ / \$	s	s 3,000,00
If bank loan, name of endorser	or guarantor:		A	mount Endorsed: \$	;
Debt #2 Owed to or by:  Anthony Mi 8634 Edna Warren, MI	сотр? □Yes ОСЕГІ С. 48093	4. Type: LOQN  Code LO  5. Date Debt Was Incurred: 10 - 31 - 07  6. Original Amount of Debt:  \$	_/ / \$ _/ / \$ _/ / \$ _/ / \$	\$	
If bank loan, name of endorser	or guarantor:		,	Amount Endorsed: 5	
Debt #3 Owed to or by:	Corp? ☐ Yes	4. Type:  Code  5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debf:</u> \$	/ / \$	- Indused.	☐ FORGIVEN
If bank loan, name of endorser	or guarantor:		/	Amount Endorsed: \$	,
	,		Page Subtotal (Qu	felandina dahi)	

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or

line 12b \*owed

to" of the

### PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

ount owed on it at the closing date of Summary Page gn Statement.

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#### FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 137	95Co	
Friends of Carolyn	Kurkowski	Mocer'i

tate Event Was Held  4 Solution	USE A SEPARATE SHI     Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of place where the activity was hel
. 6	or Participating (whichever is	5. Type of Fund Raising Activity	place where the activity was hel
10Del 7, 2217	25	Dinner	The Gazebo 31104 mound Dwarren, MI 480 Private Residence
otal Contributions	2,195	.00	
ther Receipts	·		
ross Receipts (Add lines 7 a	and 8) <u>2, 195</u>	00	•
Total Cost of Event al Cost includes In-Kind Cor	1066. ntributions and All Expenditures		۵
Check if event was a joi	nt fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)
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